

# Jefferson Parish Multidisciplinary Child Abuse Protocol

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## I. OVERVIEW

### A. INTRODUCTION

The Jefferson Children's Advocacy Center (JCAC), in existence since 1991, was created with the primary purpose of coordinating an interagency approach within the community regarding child abuse, neglect and child witnesses of violent crimes. With this goal in mind, we commit to the CAC model utilizing a Multidisciplinary Team (MDT) approach to include law enforcement, social services, prosecutors, medical, mental health and victim advocacy professionals, while respecting and honoring our culturally diverse clientele within the community. Our interagency efforts facilitate the appropriate and consistent detection, as well as response to child abuse and neglect by providing for interprofessional and interagency cooperation of such allegations.

### B. MISSION STATEMENT

The mission of the Jefferson Children's Advocacy Center is to offer a compassionate and coordinated interagency approach to the investigation, treatment and prevention of child victimization within Jefferson Parish.

### C. THE MULTIDISCIPLINARY TEAM (MDT)

(Title V of the LA Children's Code-Articles 507- 514, 521, 524, 525)

The MDT is representative of various disciplines and works collaboratively regarding all child sexual abuse cases, physical abuse and neglect cases, as well as any other case involving trauma to a child including, but not limited to, cases that involve child witnesses to violent crimes. This interagency approach begins with the initial response and continues through court proceedings, support and follow up services for the child and non-offending family members to ensure the most effective, comprehensive, integrated multidisciplinary response to child abuse cases possible, thus preventing further trauma to the child, while improving the validation or invalidation of such allegations for the benefit of the child, family and any accused perpetrator.

Due to the sensitive nature of child abuse cases, all MDT members agree to adhere to their agency's professional, legal and ethical standards of practice, as well as a strict confidentiality policy. These cases will be referred to the team by any MDT member and accepted by the team for investigation in compliance with the interagency protocols developed and instituted. MDT members acknowledge that any confidential or privileged material obtained during an investigation shall not be disclosed to any agency or individual not represented on the MDT unless otherwise required by law.

The Multidisciplinary Team shall include a representative or designee of the following:

1. **Law Enforcement** – A law enforcement representative with experience in the investigation of child abuse cases employed in one of the following jurisdictions:
  - Jefferson Parish Sheriff's Office
  - Gretna Police Department
  - Harahan Police Department
  - Kenner Police Department
  - Westwego Police Department
2. **Department of Children & Family Services (DCFS)** - A child protective investigator, family services worker, foster care worker or supervisor of these

units, who is designated by DCFS to handle child abuse and/or child endangerment cases.

3. **Jefferson Parish District Attorney's Office** – an attorney employed within the Family Violence Prosecution Unit or Juvenile Court System who is knowledgeable about child abuse cases.
4. **Jefferson Parish Coroner's Office** – The coroner or his designated physicians , nurse practitioners, SANE-P and Sexual Assault Medical Advocates (SAMA) who are trained in the identification, treatment and forensic aspects of child abuse cases.
5. **The Audrey Hepburn CARE Center of Children's Hospital, New Orleans** (hereinafter referred to as Children's Hospital) – Physicians and nurse practitioners who are trained in the identification, treatment and forensic aspects of child abuse cases.
6. **Licensed Mental Health Professional** – A social worker or counselor experienced in the area of child abuse.
7. **Jefferson Parish District Attorney's Victim-Witness Program** – A representative from the Victim-Witness Section of the District Attorney's Office who will be involved in child abuse cases throughout the judicial proceedings.
8. **Jefferson Children's Advocacy Center** – The executive director, community care coordinator(s), forensic interviewer(s)/MDT coordinator(s) and other necessary staff to ensure that the best interests of the children remain at the forefront of planning and decision making.
9. Ad hoc representatives of community agencies who may be able to contribute to the decision-making process involving the investigation, evaluation or treatment of a specific child abuse case.

For all new MDT members, the Jefferson CAC will provide a formal orientation regarding the CAC/Team processes, policies and procedures, code of conduct and ongoing communication regarding available/future training opportunities.

## II. PROCEDURES AND RESPONSIBLE PARTIES

### A. REFERRAL CRITERIA

1. A referral for a forensic interview at the JCAC will be accepted from a law enforcement agency or the Department of Children and Family Services.
2. All cases referred to the JCAC for forensic interviews will become part of the JCAC's confidential, password protected case tracking database.
3. Referrals must be of alleged victims of abuse or witnesses of a violent crime in accordance with the Louisiana Children's Code's definition of a "protected person" as outlined in LA.R.S.15:440.2.
4. The executive director is given the authority to make an exception to the age requirement if a special request is made by the referring agency indicating extenuating circumstances.
5. Abuse is defined as sexual abuse, physical abuse, severe neglect or child desertion as outlined in the LA Children's Code-Article 603.
6. Witnesses to acts of violence that meet the "protected person" criteria (LA.R.S.15:440.2) may also be interviewed.
7. The individuals/agencies making referrals agree to do so in accordance with the Jefferson Parish Multidisciplinary Child Abuse Protocol.

8. The referring agency must supply the JCAC with pertinent information regarding demographics, a description of the allegations, the alleged perpetrator's name and relation to the child, any medical, developmental and/or cultural considerations, as well as the names of assigned MDT members.

#### B. INITIAL REPORT AND TEAM NOTIFICATION

1. Reports of child abuse can be received by a law enforcement agency of Jefferson Parish by calling 911 or the Department of Children and Family Services (DCFS) by calling the centralized intake hotline at (855) 4LA-KIDS (855-452-5437), 24 hours a day, 365 days a year.
2. When law enforcement receives a report of child abuse by an intrafamilial or in-home perpetrator, they shall notify DCFS immediately, and then begin the investigation. If DCFS should arrive after the investigation begins, law enforcement shall provide them with the pertinent information that has been obtained so far. Recognizing there is a possibility of a criminal case, the DCFS investigator will defer to law enforcement for the initial interview of the alleged perpetrator. If the report is of an extrafamilial perpetrator, then law enforcement will contact the JCAC within 72 hours, or three working days, to schedule an interview.
3. When DCFS receives a report of intrafamilial child abuse and a joint investigation is indicated, the case will be assigned to a child protection investigator and immediately referred to the appropriate law enforcement agency. Out of home reports received by DCFS will be referred to the appropriate law enforcement agency, who will then schedule an interview at the JCAC.
4. If a medical provider has reason to suspect child abuse, that person, in accordance with the mandated reporter law (LA Children's Code-Article 609), shall report their concern immediately by phone to DCFS or law enforcement.
5. When the JCAC receives an inquiry regarding child abuse, the agency will refer the caller immediately to the appropriate law enforcement agency and DCFS, if applicable.
6. Each team member will follow the policies regarding child abuse investigations as outlined by their respective agencies. All intrafamilial child abuse cases will begin as team investigations with MDT representatives from law enforcement and DCFS. Should law enforcement or DCFS need to talk to the child, they should limit their inquiry to basic information needed to stabilize the situation, secure evidence, assure safety and schedule a forensic interview as soon as possible.
7. Upon notification of a possible referral to the JCAC by law enforcement or DCFS, a staff member will conduct a screening over the phone to ensure that agency criteria are met.
8. Forensic interviews will be scheduled upon notification to the JCAC. Emergency/after-hours interviews will be considered on a case-by-case basis, per the JCAC's Guidelines for Emergency Forensic Interviews (Exhibit 1), by the executive director, whose cell phone number is provided on the agency's 24-hour answering machine.
9. If the assault occurred within 72 hours, or physical signs and/or symptoms are present, a forensic medical exam referral will be made immediately by the responding agency.
10. In the event that a referral for a forensic medical evaluation has not been made prior to the JCAC interview, a JCAC staff member will complete and submit a medical referral form to Children's Hospital New Orleans or to the Jefferson Parish

- Coroner's Office (JPCO) Sexual Assault Services (SAS) in cases of suspected sexual abuse or suspected physical abuse or maltreatment.
11. All members of the MDT agree to exchange information relevant to their investigation in a timely manner to the extent of the law.

### C. FORENSIC INTERVIEWS

To ensure children have access to the most comprehensive and coordinated services available when there is an allegation of child abuse, no less than 75% of cases that meet JCAC acceptance criteria will be referred for a forensic interview. All forensic interviews conducted at the JCAC will serve as a method of gathering facts to support accurate and fair decision making by MDT members in the criminal justice and child protection systems. These digitally recorded interviews will follow the National Children's Advocacy Center's (NCAC) Forensic Interviewing model and be conducted in a developmentally and culturally appropriate, legally sound, non-leading manner.

1. [Location of the Interview](#)

The Jefferson Children's Advocacy Center is designed with the primary purpose of providing a neutral, child-friendly environment where children can talk about allegations of abuse. All interviews of children allegedly having witnessed a violent crime or having been the victim of sexual and/or physical abuse, should be scheduled by the investigative team at the Jefferson CAC as soon as a report has been received by a member of law enforcement or DCFS, and conducted as soon as possible. Forensic interviews will be scheduled by law enforcement or DCFS and JCAC staff will notify the appropriate team members. Team members should arrive at the JCAC fifteen minutes prior to the scheduled appointment to allow time for the team to share pertinent information regarding the case.

The JCAC will make all reasonable accommodations to make the facility physically accessible. In the event, however, that an alternate setting is required for the forensic interview, the MDT approved site will assure the comfort, privacy and protection of the child while following JCAC interviewing guidelines.

2. [Environment](#)

In order to ensure the safety and comfort of child victims and their non-offending caregivers, the JCAC does not allow alleged offenders or legal counsel to be present during the interview process, in accordance with LA.R.S. 15:440.5(1). Furthermore, representatives of law enforcement attending the forensic interview will be in plainclothes, when possible.

3. [Interview](#)

Forensic interviews may be scheduled once a report of child abuse has been received or there is a suspicion of child maltreatment. JCAC interview requests will only be accepted from law enforcement or DCFS. The interviews will be conducted at the JCAC by a qualified forensic interviewer (Art. 510 and 511 of the LA Children's Code). Law enforcement and/or DCFS will coordinate efforts to ensure that the child is transported to the JCAC by a suitable adult other than the alleged perpetrator.

A representative of law enforcement or DCFS will always be present at the time of the interview. The JCAC forensic interviewer will serve as primary interviewer in the recorded interview as authorized by LA.R.S.15:440.2. Should special circumstances arise, law enforcement may conduct the interview (Art. 510 of the LA Children's Code) but will do so in plainclothes. This will be at the discretion of the executive director.

The JCAC is available for courtesy interviews (requested by jurisdictions outside of Jefferson Parish and/or government agencies), interviews after hours, on weekends and for emergency situations at the discretion of the executive director and/or forensic interviewer(s).

Monitoring team members will actively observe and wait until the end of the interview to request additional questions through the forensic interviewer's earbud. It will be left up to the interviewer's discretion as to whether or not such questions will/can be asked.

Any alternate methods of gathering information including interview aids (drawings, dolls, etc.) and the introduction of evidence must be approved by the Jefferson Parish District Attorney's Office, Jefferson CAC executive director and forensic interviewer. Non-anatomical drawings and anatomical dolls used will be gender and culturally appropriate. Any drawings obtained during the forensic interview will be properly marked by the interviewer and turned over as evidence to law enforcement upon the interview's conclusion. Law enforcement will provide the District Attorney's Office with a copy of the original drawings, if applicable, along with their reports and the JCAC recordings. In the event law enforcement is not involved in a case, a copy of drawings obtained during the forensic interview will be provided to DCFS and the originals stored in the JCAC's client file should law enforcement request them at a later date.

Should the child speak a language other than English, be deaf and/or hearing impaired, the JCAC will arrange to have a certified court interpreter in the language of the child on-site to translate. In these cases, the interpreter will become a third party in the "talking room."

As previously stated, alleged offenders are not allowed at the JCAC. In the event, however, that a child who has previously been named as an alleged offender makes an allegation of abuse, the JCAC will conduct a forensic interview with the child but refer out for mental health services. Furthermore, no appointments will be scheduled before, during and/or immediately after the alleged offender/victim's scheduled forensic interview.

Interviews will be recorded (LA.R.S.15:440.2) to eliminate repetitive interviews of the child and to serve as a source of case information.

All JCAC forensic interviews will be digitally recorded and stored on the HIPPA compliant, web based VidaNyx cloud. The JCAC will serve as the initial custodian of all digitally recorded interviews. Upon completion of the interview, the JCAC will share access to the interview to the investigating law enforcement agency and/or DCFS. Should law enforcement not be involved when a disclosure is made during a DCFS scheduled interview, the section supervisor of the jurisdiction's law enforcement agency will be notified and access to the interview shared. The investigating law enforcement agency's access shall include download capabilities for the purpose of placing a copy of the interview into evidence. The JCAC will thereafter share access to authorized users upon written request (which includes email). Authorized users include law enforcement, DCFS, JPDA, and CARE Center and JPCO SAS team members. Each authorized user will be provided a 6-month access window to the interview. A written request will be required for an extension of the viewing/access window. MDT members will comply with the statutes governing CAC tapes (15:440 eq seq).

When, and if, a case is referred to the Jefferson Parish District Attorney's office for review, the JPDA's office will request in writing (which includes email) to become the custodian of the digitally recorded interview. The JCAC will then transfer custodianship to the JPDA's office until the completion of the prosecution of the case. At the completion of prosecution, the JPDA's office will then transfer custodianship back to the JCAC.

A post-interview can be done at the JCAC. However, the JCAC is not designed for interrogations of the child or family. All children and family members will be treated as though they are victims while at the JCAC.

#### 4. Multi-Session [Forensic Interview](#) (MSFI)

An MSFI is an expanded forensic interview that follows the same structure as a single session forensic interview but occurs over two to five sessions within one to two weeks. The goal of the MSFI is to complete the entire process with the minimum number of sessions necessary to obtain the information. An MSFI is not intended to assess the psychological well-being of a child or address issues such as placement, custody arrangements and intellectual or behavioral abilities. Although the single session approach is the most commonly used practice by CACs across the nation, and may be sufficient for most children and cases, there are times in which an MSFI may be more appropriate. Such cases include, but are not limited to:

- Children that present as exceptionally anxious, frightened or shy;
- Preschool children;
- Children that have expressive disorders, developmental or cognitive disabilities, delays or difficulties;
- Children with a complex history of abuse;
- Other criteria as designated by the MDT.

Cases will be referred for an MSFI by the MDT or case investigators. Each referred case will be staffed by CAC personnel to determine if an MSFI is the most appropriate approach. All decisions will take into account the best interest of the child.



5. [Qualified Forensic Interviewer](#)

The forensic interviewer(s) will be hired based on the criteria set forth in Art. 511 of the LA Children's Code. Necessary requirements include, but are not limited to the following: relevant experiential or educational credentials from a social sciences background; completion of at least 25 hours in interviewing victimized children; completion of at least 8 hours of interviewing under the guidance of a qualified Forensic Interviewer of children; ability to exhibit a proficiency in child development, as well as child abuse and neglect investigations; remain current in professional affiliations; and, acquisition of no less than 20 hours of related continuing education every 2 years. The JCAC's forensic interviewer(s) will be able to provide proof of qualifications upon request.

In addition, the forensic interviewer(s) will participate in a structured peer review process at a minimum of 2 times per year. Participation will assure continued development and strengthening of skills, as well as an opportunity for ongoing education and networking.

Employment of the forensic interviewer(s) is outlined in a cooperative endeavor between the JCAC, the Jefferson Parish District Attorney's Office and the Gretna Police Department.

6. [Welcome](#)

The child and responsible caregiver will be met at the JCAC by a member of law enforcement and DCFS worker, if applicable, and welcomed into the waiting room. JCAC staff will help to ensure that the child and caretaker are comfortable and answer any general questions.

During this time, the forensic interviewer will meet with the attending investigative MDT members in a separate room and information gathered prior to the forensic interview, including medical findings, will be shared. Once the information is obtained and the child is settled in the waiting room, the caretaker will be asked to join the investigative team to provide any additional information pertinent to the case. The forensic interviewer will provide information about the MDT response and interview process.

The caretaker will return to the waiting room and reassure the child that the JCAC is a safe place. The child will then be brought to the interview room with the forensic interviewer. Rapport will be established, verbal and developmental skills assessed and the interview process and ground rules will be explained. At no time will a child be forced or coerced to do an interview.

Parents/Caretakers/Siblings will remain in the waiting room for the entirety of the interview. During the forensic interview, the community care coordinator and/or therapist will meet with the caregiver to discuss next steps, including available support services and resources, the forensic medical exam and counseling.

7. [Observation of the Interview](#)

All JCAC interviews will be monitored by a member of law enforcement or DCFS. JCAC staff will be responsible for the handling of recording equipment. All observers of the forensic interview will actively listen to the interview and monitor



its quality. Upon completion, a JCAC staff member will handle the access sharing and database entry, which will include case tracking information.

At no time will accompanying non-offending caregivers, parents and/or siblings be allowed to monitor or view the interview.

Should circumstances arise that impact in-person forensic interviews (pandemics, disasters or other safety risks), the JCAC's Tele-FI Protocol will be implemented (Exhibit 2) and MDT members notified accordingly.

8. [Post-Interview](#)

When each interview is completed, the forensic interviewer will reunite the child and caregiver. In the event multiple children are being interviewed, each child that has completed an interview will be kept separate from those waiting to be interviewed. All children will be reunited after their interviews are complete. The investigative team will be available to the caretaker to answer questions about the interview and course of the investigation, offer appropriate referral sources and provide team members' contact information.

Prior to leaving, the accompanying caregiver will be asked to complete a brief, voluntary and confidential survey regarding the JCAC experience. If the caregiver agrees, an electronic tablet will be provided for the collection of responses. Should the caregiver prefer to complete the survey on paper, or at a different time, additional options will be offered (i.e., emailed link or paper survey, with self-addressed stamped envelope).

Caregivers will also be informed that a JCAC staff member will contact them over the phone, approximately 2 months after their appointment, to conduct a voluntary follow-up survey.

At no time will any representative of the JCAC comment on the merits of the investigation/case to family members and/or the child.

9. [Collaborative Case Planning](#)

All members of the MDT are routinely involved in cases that consist of abuse against children. These cases include, but are not limited to: sexual abuse, physical abuse, neglect and desertion cases, as well as any cases in which a child has witnessed an act of violence against another. Team involvement begins with initial response and continues through court proceedings, support and follow up services for the child and non-offending caregivers to ensure a coordinated and cooperative team response.

If pertinent information is obtained or divulged to a member of the MDT that is essential to the investigation or prosecution of a case, that member will be assigned the responsibility of relaying the pertinent information to other involved MDT members, as soon as possible, and in a manner that is consistent with their agency's legal, ethical and professional standards of practice. Case information will also be shared among MDT members at the bi-monthly case review meetings for the purpose of collaboration and updates. This information is documented on case review sheets and put into the JCAC's computer database - NCAtrak. All

confidential tracking information obtained will be available to MDT members upon request.

#### D. POLICE INVESTIGATIONS

1. Interview of the alleged perpetrator
  - a. The police will contact and interview the alleged perpetrator. The outcomes of law enforcement interviews with the suspect may be shared with the DCFS caseworker, as this may affect the planning or intervention with child and/or family. DCFS may conduct interviews with the perpetrator, only after every effort to notify law enforcement has been made. All outcomes of the DCFS caseworker's interview shall be communicated immediately to law enforcement.
  - b. Law enforcement shall decide how the interview will be documented. They will also be the custodian of all evidence obtained during an interview and will maintain the chain of custody.
2. When law enforcement learns that the suspect in an out-of-home case is a parent of dependent children, or otherwise living with children, a report will be made to DCFS.
3. In a case of insufficient evidence where the case is closed, the child and/or caregiver will be encouraged to contact law enforcement or DCFS with any new information. Should new information emerge and a new case open, the same caseworker and officer should be assigned to the case, whenever possible.

#### E. DCFS INVESTIGATION

1. In intrafamilial situations, if a child must be removed from the home, every effort will be made to restrict the alleged perpetrator's influence on the family.
2. In child abuse cases where no perpetrator is named, or there is insufficient evidence yet cause to still suspect abuse, the DCFS caseworker will proceed with the investigation. In the case of a non-verbal child, a medical or psychological examination may be requested.
3. Should a perpetrator be named, or physical trauma to the child revealed, the caseworker will make every effort to notify law enforcement prior to contacting the suspect and then proceed with a joint investigation.
4. In the event of a caretaker's arrest, DCFS will respond immediately and arrange appropriate placement, if necessary.
5. Should a child be returned to the home, DCFS shall notify the Jefferson Parish District Attorney's Office and law enforcement post adjudication.

#### F. VICTIM SUPPORT AND ADVOCACY

Children and families in crisis need assistance, as well as a consistent, comprehensive network of support, in navigating the multiple systems involved in the MDT response. As such, the focus of victim support and advocacy is to help reduce trauma for the child and family members and to improve outcomes. A coordinated approach encourages access to and participation in the investigation, prosecution, treatment and support services and, thus are a core component of the MDT. These services are available throughout the life of the case and beyond.

1. **Victim Advocates**  
In addition to the services provided by JCAC staff members, as outlined in this protocol, the JCAC has linked services with the Jefferson Parish District Attorney's

Office's Victim-Witness Coordinator (VWC), to serve as a liaison between the child/family and the JPDA's Office as well as the Jefferson Parish Coroner's Office's Sexual Assault Medical Advocate (SAMA) to serve as a liaison between the child/family and the forensic medical provider.

The JCAC Community Care Coordinator(s) (CCC) and JPDA VWC will be able to demonstrate the successful completion of a minimum of 24 hours in specialized victim advocacy training, whereas the JPCO SAMA will be able to demonstrate the successful completion of a minimum of 40 hours of sexual assault advocacy training. All victim advocates providing services to JCAC clients will demonstrate the acquisition of no less than 8 hours of related continuing education every 2 years, as well as have coordinated case meetings and ongoing peer support to ensure the seamless coordination of victim advocacy services.

## 2. Delivery of Services

- Prior to the forensic interview, the forensic interviewer will provide the accompanying caregiver(s) information about the MDT response and interview process.
- The JCAC CCC(s) will provide information regarding what to expect after the interview, next steps, victim's rights including the Crime Victim's Reparations Program, JPCO or CARE Center medical appointment and treatment options/referrals regarding support and safety planning based on the assessments of risk and needs, including but not limited to protective orders, domestic violence intervention, public assistance and service linkage.
- The JCAC CCC(s) and the JPCO SAMA are available to accompany the child and caregiver to the forensic medical appointment, in cases involving physical and/or sexual abuse, for the purposes of, including but not limited to: providing ongoing support, information sharing and collaboration with the medical provider and MDT.
- For cases involving sexual abuse, the JPCO SAMA will be present for the child's Forensic Medical Evaluation (FME), for the purposes of, including but not limited to: providing emotional support; crisis intervention; assistance in understanding the medical and evidence collection procedures, as well as the medical and legal options; and, provide relevant information and community resources.
- The JCAC therapist(s) will regularly be available for onsite crisis assessment/intervention and support services.
- Coordinated case management and service referrals to agencies/providers, with whom linkage agreements are in place, as well as active outreach and consistent follow-up supportive services for caregivers, will be provided and documented by the JCAC CCC(s) and JPCO SAMA.
- Education regarding the dynamics of abuse, as well as the purpose of the MDT approach, will be ongoing and provided by the JCAC therapist(s).
- The JCAC therapist(s) will provide active outreach and follow-up supportive services for caregivers.
- The VWC becomes involved in child abuse cases upon the DA Office's initial meeting with the child/family regarding screening for prosecution. The VWC provides the child/family with court education, keeps them up to date

on the progress of their case and supports them throughout the judicial process.

- The VWC assists the child/family in court preparation, accompanies the child/family to court and provides educational information throughout both the investigation and prosecution phases of their case.
- The VWC will assist the child/family with obtaining services (i.e., protective orders, housing, public assistance, domestic violence intervention and transportation).

3. **MDT Role**

The JCAC CCC(s), JPDA VWC and JPCO SAMA regularly attend and participate in MDT case review meetings. By doing so continuous, consistent and comprehensive service delivery and support to the child and family are ensured, while helping to avoid duplication of services and keeping the MDT informed of relevant information throughout the life of the case and beyond.

## G. MEDICAL EVALUATION

The purpose of the medical evaluation is to, first and foremost, ensure the health, safety and well-being of the child. Medical evaluations document, diagnose and address medical conditions resulting from and unrelated to abuse. Additionally, medical examinations: allow reassurance for both the child and the caretaker; provide an avenue for the collection of forensic evidence; assess the child for developmental, emotional or behavioral issues that may require further evaluation and treatment; screen for possible pregnancy and/or STD's; make referrals as necessary; offer an opportunity for additional disclosure; and, can provide evidence to enhance the case. The forensic medical exam includes exploration of the patient's medical history, incident history, physical examination, testing for illness as indicated and documentation of exam findings. Forensic medical exams are conducted by trained medical professionals specialized in evaluations of child abuse. The medical professionals are available to provide expert witness testimony.

1. Every child suspected to be a victim of sexual and/or physical abuse and/or maltreatment, regardless of delayed disclosure, lack of skin-to-skin contact or ability to pay, will be referred for a forensic medical evaluation. For cases involving suspicion of sexual abuse, the Audrey Hepburn CARE Center of Children's Hospital New Orleans (hereinafter referred to as CARE Center) and the JPCO SAS have both been designated by the Jefferson Parish Coroner to be the providers of these services. For cases involving physical abuse and/or maltreatment, the CARE Center will be the provider for these services.
2. Referrals for forensic medical evaluations can be made by law enforcement, DCFS, the JCAC, the JPDA's Office, hospitals, local pediatricians and families. After the referral is made, the CARE Center or JPCO SAS will contact the family to assess the urgency of the child's medical needs and to coordinate a visit that is at a time convenient for the family and best for the child.
3. In cases of sexual abuse, a medical referral form will be submitted to both the CARE Center and to JPCO SAS. In cases of physical abuse and/or maltreatment, a medical referral form will be submitted to the CARE Center.
4. If a law enforcement agency refers a child for an abuse examination, law enforcement will provide a medical referral form to the CARE Center or JPCO SAS

- in cases of suspected sexual abuse, and to the CARE Center for any suspected physical abuse or maltreatment.
5. The MDT member responsible for the medical evaluation referral will provide the information gathered regarding the allegation, the patient's basic demographic information, contact information and the nature of the disclosure, or lack thereof, made during the forensic interview.
  6. If the child has previously received an abuse evaluation, the CARE Center or JPCO SAS may review relevant reports, photographs and records to determine the necessity of another evaluation.
  7. Procedures are in place for acute and urgent cases of child maltreatment:  
A patient will be considered acute when the allegation of sexual abuse has occurred within the past 72 hours, or any case where the child presents with current physical signs and/or symptoms of suspected child maltreatment. If an acute case (less than 72 hours) of a sexual nature is discovered between the hours of 8am and 4pm, Monday through Friday, the patient should be referred immediately to JPCO SAS or the Care Center. If an acute case (less than 72 hours) of a physical abuse or maltreatment nature is discovered between the hours of 8am and 4pm, Monday through Friday, the patient should be referred immediately to the CARE Center. When a medical provider is not available, acute patients must be seen in the at Children's Hospital Emergency Department have a follow-up appointment with a JPCO SAS or CARE Center medical provider depending on the nature of abuse or maltreatment as previously defined. The Children's Hospital Emergency Department (ED) staff receives specialized training on child abuse and collection of physical evidence procedures for handling acute cases. When a suspected victim of abuse is seen in Children's Hospital Emergency Department, a referral for a two-week follow-up appointment will be sent to the JPCO SAS or the Care Center for cases of sexual abuse and the CARE Center for cases of physical abuse or maltreatment.
  8. A patient will be considered urgent when the allegation of physical or sexual abuse is suspected to have occurred in a time span greater than 72 hours. In urgent cases where there are no current physical signs, symptoms or injuries, the child and family should be advised to schedule the next available appointment with the CARE Center for cases of physical abuse or maltreatment and the Care Center or JPCO SAS for cases of sexual abuse. Urgent cases should not be advised to go to the emergency room, unless there are current physical signs, symptoms or injuries as they will have to be seen again for a comprehensive forensic medical evaluation with the CARE Center or JPCO SAS depending on the nature of abuse.
  9. The CARE Center and JPCO SAS will coordinate all necessary follow up medical services for their respective patients.
  10. The designated CARE Center and/or JPCO SAS medical staff will prepare and submit a written forensic report regarding their findings to the appropriate team agencies in a routine and timely manner. The JCAC is not a recipient of these reports.
  11. In accordance with Louisiana MDT confidentiality laws, all cases are investigated as a team and all information shall be shared during team review. Hence, medical findings are then shared with the MDT at the regular meetings. CARE Center and JPCO SAS providers are available for participation in explaining findings during team review either in person or by conference call. Appropriate, secure on-line meeting formats can also be utilized for visual conferencing during team review or by individual team members.

12. All medical information shall be treated as confidential but may be shared with designated MDT members via encrypted email.
13. The referring team member, JPCO SAMA or JCAC staff will educate the caregiver as to the purpose and process of the medical evaluation. JPCO SAS and Care Center staff, including case managers, are also available to answer questions regarding the purpose and process for medical evaluations.
14. All designated JPCO SAS and CARE Center health care providers who provide medical evaluations to child abuse victims participate in ongoing training. The physicians, nurse practitioners and SANEs complete no less than 8 hours of related continuing education every 2 years attend conferences on pertinent topics, are familiar with current research and medical guidelines and are occasionally asked to present at conferences for professionals involved in child maltreatment. All sexual abuse evaluations of CAC clients that are deemed abnormal or “diagnostic” of trauma from sexual abuse will undergo expert review by an advanced medical consultant. The JPCO SAS and CARE Center have Board Certified Child Abuse pediatricians and advanced practice nurse practitioners all with significant training and examination experience.
15. The CARE Center will be the custodian of the medical records for victims seen within the Children’s Hospital system and the JP Coroner’s office will be the custodian of all medical records for victims seen within the JPCO SAS. Both the CARE Center and the Jefferson Parish Coroner will comply with all state and federal laws concerning privacy and confidentiality of said records and will share records as requested.

#### H. MENTAL HEALTH

Research indicates appropriate assistance and interventions are essential for the recovery of child abuse survivors, as well as for the overall family functioning and well-being. Trauma-focused, evidence supported, mental health services will be made available to all CAC clients and their family members, either on-site or by referral and linkage agreements with outside agencies.

1. [Qualified Mental Health Provider](#)  
The JCAC contracts with Children’s Bureau of New Orleans (CBNO), to provide two full-time therapists. JCAC therapists will be hired based upon the following requirements: Master’s degree/license-eligible in a related mental health field; compliance with all licensing standards as set forth by state licensing board; completion of 40 contact hours in training and consultation calls to deliver an evidence-based trauma treatment (such as TF-CBT, PCIT, AF-CBT, CPP, CFTSI and/or EMDR); receive ongoing clinical supervision, by a licensed clinical supervisor that has also completed the evidence-based trauma treatment training requirements, and/or consultation; and, annual acquisition of no less than 8 hours of related continuing education every 2 years. Furthermore, the JCAC therapists will be able to provide proof of qualifications upon request.
2. [Mental Health Services](#)  
The JCAC therapists offers specialized evidence-supported, trauma-focused mental health services to all children who attend their scheduled JCAC forensic interview, regardless of disclosure or ability to pay. These services may be community-based or at the JCAC and include:



- Trauma-specific assessment, including traumatic events and abuse-related trauma symptoms;
- Use of standardized assessment measures initially to inform treatment and periodically to assess progress and outcome;
- Individualized treatment plan based on assessments that are periodically reassessed;
- Individualized evidence-supported treatment appropriate for the child clients and other family members;
- Child and caregiver engagement in treatment;
- Monitoring of trauma symptom reduction;
- Referral to other community services as needed.

### 3. Mental Health and Case Management Referrals

- a. Each family will be given information regarding the JCAC's free of charge counseling program. Families who elect to participate in counseling services will be guided through the CBNO intake process. Based upon the phone intake assessment, and respecting the principle of client self-determination, CBNO will work with the family to connect them to the most appropriate and desired level of service. Options for services include: 6 to 12 months of counseling sessions with a JCAC/CBNO therapist, or with Master's/Doctoral level interns assigned to the project and supervised by a licensed mental health professional; or, referral to an external program that better meets the family's needs.
- b. The JCAC therapists will maintain an updated list of available community resources and will provide this information, as deemed necessary.
- c. In cases where counseling services are already in place, information regarding the JCAC's counseling program will still be given should circumstances change.
- d. In cases where the family is not interested in services, information regarding the JCAC's counseling program, as well as a list of alternate mental health agencies, will still be given.
- e. Accompanying caregiver(s) and family members will be apprised of available community resources.
- f. Supportive services will be provided to all caregivers regarding, but not limited to:
  - The safety and well-being of the child;
  - Caregiver involvement in their child's treatment when appropriate;
  - The emotional impact of abuse allegations;
  - Reduce or eliminate the risk of future abuse;
  - Address issues or distress which the allegations may trigger;
  - Psychoeducation about the benefits of trauma-focused treatment.
- g. In the event that CBNO is unable to provide services, a referral will be made to alternate appropriate agencies, with whom linkage agreements are in place.



4. MDT Role

The JCAC therapists regularly attends and actively participates in MDT case review meetings. By doing so, children's treatment needs can be assessed, while monitoring and taking into account their mental health throughout the MDT process. In addition, the JCAC therapists serves as clinical and multicultural consultants regarding the dynamics of child trauma, evidence-based treatment and any developmental and/or mental health issues which may arise during the review. Relevant information may be shared as long the client's rights to confidentiality are protected.

As the mental health services are separate from the investigation, at no time will the JCAC therapists monitor the forensic interview. Furthermore, information obtained in counseling and mental health records will remain confidential, in accordance with state and federal laws, and not used to further investigations. Information obtained in counseling will only be released if it is reportable or a consent to release information has been obtained.

5. Case Tracking

Statistics are maintained by the therapists and the JCAC case tracking database. These statistics are utilized for reports, grant applications and to identify any emerging trends in the field of child abuse.

6. DCFS Component

- a. After a report of child abuse is validated by DCFS, a DCFS worker will assist the caregiver in identifying counseling and support resources.
- b. As soon as a case is validated and therapy indicated, a referral will be made for treatment immediately.
- c. All victims of intrafamilial abuse shall have their treatment needs assessed. When necessary, psychological and/or psychiatric evaluations will be scheduled. The referring agency will make every effort to assure that the evaluation is scheduled without delay.
- d. If treatment is recommended and accepted, there will be ongoing personal communication between the JCAC therapists and the DCFS caseworker.
- e. There will be additional personal communication between the caseworker and the JCAC therapist(s) when decisions are being made in the following areas:
  - The perpetrator is returning to the home.
  - The child is returning to the home.
  - Visitation or contact is being initiated between the child and the perpetrator.
  - DCFS plans to close the case.

## I. CASE/TEAM REVIEW

In accordance with Title V of the Louisiana Children's Code, all cases that come to the JCAC for a forensic interview (LA R.S. 40:2019), will be set for routine interdisciplinary case review. Case review meetings are held to serve the following purposes: ensure that the safety and well-being of children and families are met in a sensitive, effective and timely manner throughout the life of

the case and beyond; monitor and assess MDT effectiveness; address concerns regarding roles and responsibilities of cases; prevent duplication of services; track for statistical purposes; and, educate on cultural diversity issues, thereby improving cooperative interagency investigations (CHC 524).

Case reviews will be facilitated by the JCAC's MDT coordinator, who has completed a minimum of eight hours related to MDT coordination/facilitation instruction and is able to demonstrate the acquisition of no less than 8 hours of related continuing education every 2 years and held at a minimum of twice monthly at the JCAC or other location mutually agreed upon by the MDT. In the event that the JCAC's Tele-FI Protocol is activated, case reviews will be held via the JCAC's HIPAA compliant Zoom Pro platform with access granted only after a confidentiality and secure monitoring agreement have been obtained. Agendas for all case reviews will be sent via password protected email. Emergency case review meetings and/or adding a case to the agenda can be requested by any MDT member.

1. The team shall consist of representatives from:
  - Law Enforcement
  - DCFS
  - JPDA's Family Violence Prosecution Unit and Juvenile Division
  - Children's Hospital
  - Coroner's Office
  - Mental Health
  - JPDA's Victim Witness
  - Jefferson CAC staff
  - Ad hoc members of the MDT, as deemed necessary (i.e. juvenile court representatives/FINS, school personnel, guardians ad litem, federal investigators).
2. All attendants of case review will be required to sign a confidentiality agreement at the beginning of each meeting.
3. All members present will be prepared to discuss case specifics, provide input and assist in the decision-making process.
4. Information collected at the case review will be documented on an MDT checklist by the MDT coordinator for case tracking purposes and entered into the JCAC's database.
5. Cases in need of follow-up will be set for the next agreed upon case review and continue to be reviewed until case completion and/or MDT consensus.
6. The JCAC will submit a list of all open cases to team agencies for a quarterly update.

The MDT model's effectiveness is dependent upon an environment that encourages open communication and ongoing feedback. In order to ensure and promote such an atmosphere, confidential MDT surveys are sent to members via email at least once a year. The feedback provided allows for quality assurances and a review of not only the effectiveness of the MDT's collaborative efforts, but also the CAC's operations and delivery of services. In addition, MDT members are encouraged to share ideas and raise concerns as they arise at the CAC with their direct supervisors, the CAC executive director and/or during MDT reviews.

Furthermore, in order to promote a healthy, highly functioning MDT, access to information regarding vicarious trauma and resiliency is made available at each case review, along with

cultural diversity topics and upcoming trainings. This information, along with MDT documents and resources, are also available through the password protected MDT Portal on the Jefferson CAC website.

#### J. MDT COORDINATION WITH THE JEFFERSON PARISH DISTRICT ATTORNEY'S (JPDA) OFFICE

1. When an arrest is made, law enforcement will notify the Jefferson Parish District Attorney's Office and submit all reports within a reasonable time frame.
2. In cases accepted for criminal prosecution, DCFS will make information regarding its investigation available to law enforcement and the JPDA's Office, with the exception of information regarding the identity of the reporter and any attorney's work product.
3. In cases presented to the grand jury, the recorded interview of the child will be available for their proceedings in lieu of the child's testimony, whenever possible.
4. The JPDA's Office may re-interview the child for prosecution purposes.
5. The JPDA will designate an ADA to coordinate the prosecution of child abuse cases. This attorney, or his/her designee, will be available to work with the law enforcement in their investigation of child abuse cases, as needed.
6. DCFS will notify the JPDA's Juvenile Division of all cases that are validated by submitting a complete report. This report will be sent to the JPDA's Office within 60 days of a valid determination of child abuse by DCFS. In all cases where an instant order has been granted, a report shall be submitted to the JPDA's Office within 15 days of the instant.
7. In intrafamilial cases, the JPDA's Juvenile Division will review all child abuse cases, petition those cases and request the Jefferson Parish Juvenile Court's Child-in-Need-of-Care (CINC) services when in the best interest of the child.

#### K. CASE TRACKING

(LA Children's Code-Articles 513, 514, 524, 525)

Prior to the forensic interview, the JCAC will obtain all needed information from law enforcement, the attending caregiver and/or DCFS, if applicable, and record it onto an intake form. All case information will be routinely entered into the JCAC tracking database by a staff member. This encrypted, password protected information, accessible only to JCAC staff, will include basic client, family and offender demographics (age, ethnicity, gender and disability), type(s) of abuse, offender relationship and MDT involvement.

As cases are reviewed at MDT meetings, the information collected (MDT involvement, outcomes, charges filed, child protection outcomes, and the status/follow-through of medical and mental health referrals) will be documented on an MDT checklist and transferred into the JCAC's database for tracking and statistical purposes. The JCAC will follow and post into the JCAC's database the progress of cases that come to the JCAC from initial screening through final dispositions. All confidential tracking information obtained by the JCAC will be available to MDT members upon request.

In order to ensure that all children involved in an alleged abuse or witness to violence investigation are provided access to appropriate help, support and protection, the JCAC requires that cases meeting the Jefferson Parish MDT Protocol's aforementioned acceptance criteria have forensic interviews conducted at the CAC a minimum of 75% of the time. The JCAC will be able to demonstrate this compliance by requesting quarterly referral reports from law enforcement and DCFS. Upon receipt, the provided case listings will be cross-referenced in

the JCAC's NCAttrak database, reviewed with the JCAC executive director and followed up on regarding what referrals were made. In the event, alternative referrals were not provided, the JCAC will request a forensic interview of the child in question be scheduled as soon as possible.

Furthermore, the JCAC actively participates in the NCA Outcome Measurement System (OMS) for continuous quality assurances and effectiveness. The caregiver feedback makes it possible for ongoing JCAC service delivery improvements, while the MDT feedback makes it possible to assess and improve upon the overall MDT model collaboration and efficiency.

### III. AGREEMENT

This Jefferson Parish interagency agreement shall be reviewed, updated and signed by all MDT partner agencies at a minimum of every three years, while also being reviewed and updated annually to reflect current practice between the three-year signing cycles.

*Revised 4/24/2023*



## Exhibit 1

### Guidelines for Emergency Forensic Interviews

As part of our forensic interview program, the Jefferson CAC (JCAC) provides, to the best of our abilities, 24-hour, on-call emergency interview services to all of our law enforcement and DCFS partners. While after-hours interviews are sometimes necessary, we also recognize that many children may not provide quality interviews under these circumstances due to fatigue, hunger, stress or drastic disruption of their normal routines. In an effort to balance the needs of our investigators with those of our child clients, the Jefferson CAC has developed the following guidelines concerning what necessitates an emergency, after-hours interview:

- The child is in imminent danger and/or an immediate assessment must be made to determine whether the child is safe in his/her current environment.
- The child's interview is needed to protect the immediate integrity of the criminal investigation. For example, the child's statement is needed for probable cause, search warrants and other emergency means to prevent issues such as suspect flight, loss of evidence, witness tampering or other events that would be damaging to the investigation.
- The investigator has reasonable suspicion to assume that the child's statement may be influenced or contaminated by non-offending caregivers if the interview is not conducted immediately.
- An imminent danger to the public.

If an investigator has questions or would like consultation about the timing of an interview, he/she is always encouraged to contact the JCAC's executive director.

#### Scheduling an Emergency Interview

All supervisors or primary contact investigators are provided with the JCAC's executive director's number. The investigator should contact the executive director directly at this number if an emergency interview is needed. Due to the limited staff of the JCAC, schedules and availability may vary.



## Tele-Forensic Interview Protocol

The Jefferson Children's Advocacy Center (JCAC), an accredited Children's Advocacy Center by the National Children's Alliance (NCA), has created this Tele-Forensic Interviewing (FI) policy to ensure that all children in need of services during the COVID-19 pandemic or other disasters, in which in-person interviews are unsafe, are provided a child friendly, safe environment while taking all possible precautions to protect them, our staff and Multidisciplinary Team (MDT) partners.

The following Policy has been developed in coordination with the *Jefferson Parish Multidisciplinary Child Abuse Protocol*, *JCAC COVID-19 Coronavirus Policy*, *JCAC Guidelines for Emergency Forensic Interviews* and *NCA Emergency Tele-Forensic Interview Guidelines* when a case meets emergent criteria and a forensic interview is warranted.

### TELE-FORENSIC INTERVIEW PRACTICES

Should a situation arise that prohibits safe in-person interviews, the JCAC will implement its Tele-FI Policy. Upon implementation, all MDT agency heads will be notified by the JCAC executive director and requests reviewed on an individual case basis in coordination with the MDT. In addition to the criteria set forth in the *JCAC's Guidelines for Emergency Forensic Interviews*, the following scenarios may also qualify for a tele-FI:

- The child in question, or a household member, has been exposed or would otherwise fail a JCAC intake health screen.
- The JCAC facility has been closed due to mandatory lockdown, contamination or staff exposure.
- Health reasons are present for either the child or JCAC forensic interviewer that prevent a safe in-person interview.

Assuming all screening requirements are met both at the time of scheduling and again upon appointment arrival, "emergent" forensic interviews will be conducted at the JCAC according to the agency's existing interview protocol and guidelines via the HIPAA compliant, Zoom Pro Platform and the JCAC's Star Witness recording system, while following the below guidelines to minimize safety risks:

- After a request for a forensic interview has been received, staffed and determined emergent by the MDT, a JCAC staff member will schedule the tele-FI and Zoom HIPAA compliant meeting.  
\*The Zoom meeting will have recording features disabled.\*
- The forensic interviewer will share the Zoom meeting link with the assigned law enforcement officer and/or DCFS worker via email. This email will include instructions for the tele-FI.
- Prior to the tele-FI, the investigator(s) will sign the Tele-FI Supervising Consent Form confirming that the live interview's observation is in a confidential space.
- At the scheduled date and time, the child victim(s) and one caregiver will arrive at the JCAC and, should circumstances warrant, follow the practices outlined in the *JCAC COVID-19 Coronavirus Policy*.
- Prior to starting the tele-FI, the forensic interviewer will start the Zoom meeting and share the StarWitness observation screen. The forensic interviewer will verify that the law enforcement and/or DCFS investigators have joined the meeting before starting the FI. At this time, the forensic interviewer and investigators will collaborate on the case to prepare for the interview.
- Once the tele-FI begins, law enforcement and/or DCFS investigators will observe as usual and a JCAC staff member will be present to monitor the equipment. Law enforcement and/or DCFS investigators will be muted by the forensic interviewer to limit sound feedback.

- Should the law enforcement or DCFS investigators have questions during the interview, they will be shared via private Zoom chat to the monitoring JCAC staff member who will then convey the requested questions via earpiece to the forensic interviewer.
- Should any technical difficulties arise during the tele-FI, the law enforcement and/or DCFS investigators will call the monitoring JCAC staff member to resolve the issue.
- At the conclusion of the tele-FI, the forensic interviewer will end the Zoom meeting after the StarWitness recording is stopped.
- The tele-FI will be recorded by the StarWitness equipment, as outlined in the Jefferson Parish MDT Protocol.
- The forensic interviewer will call the investigators to follow up and then share the recordings via the JCAC's secure VidaNyx system.
- Following the completion of the tele-FI, the child's caregiver will be contacted by the investigating agency and one of the JCAC's community care coordinators for support, service linkage and referrals.

***PLEASE NOTE ALL SERVICES ARE SUBJECT TO CHANGE PENDING REQUIREMENTS  
MADE BY OUR LOCAL AND/OR NATIONAL GOVERNMENT.***

For questions or comments, please contact:

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